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Response

To the Editor:

We thank Dr Gibson et al¹ for their letter in support of our article advocating greater use of a narrative approach to enhance clinical care for asthma² and their helpful reference to the Asthma UK survey in support of this.

We agree that asking questions about symptoms and response to treatment is of key importance, and would also emphasize that a narrative approach involves much more than this. It is also about how the skills of open questioning and active listening are used to understand complex storied aspects of clinical work in patients with asthma; this also enables patients to describe the story of their illness in a way that is meaningful for them, allowing them to share decisions on treatment with their clinician (and other health-care providers) and, ultimately, to improve self-care. Falling under the rubric of a narrative approach is the need to explore the use of tone and metaphors in individuals' narratives of asthma that, we argue, may provide clinicians with a key indicator of how patients are actually living and coping with asthma.

We were primarily interested in investigating this approach to enhance clinical communication between patients (including parents and their children with asthma) and medical or nursing staff. We also agree with Gibson et al¹ that the development of school-based, including peer-led, educational programs for children with asthma is a potentially useful way to enhance self-care and improve outcomes. It is certainly of research interest to identify and explore the forms of coping

mechanisms employed by young people in managing their asthma, and it is encouraging to learn that research³ has found that engaging the curiosity of school children is an effective method of improving understanding of asthma and its management in this population. Increasing patients' (both adults and children) confidence in managing their asthma may also facilitate a more patient-centered consultation where both patients and clinicians are able to share their expertise to improve the effectiveness and experience of care.

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Therapeutic Role of Endoscopic Resection in Typical, Noninvasive, Carcinoid Tumors

To the Editor:

The article by Raz et al¹ in *CHEST* (April 2015), as well as the comment letter by Schwartz and Henson,² expanded our knowledge on the natural history of carcinoid tumors. The authors repeat the assumption that surgery is always recommended as first-line treatment of typical carcinoids.³ However, the high tolerability, the very low mortality, and the lack of



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